DOCUMENT RESUME

ED 276 976 CS 008 616

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TITLE Reading Diagnostic Reports: A Research Summary.
PUB DATE Oct 86
NOTE 16p.; Paper presented at the Annual Meeting of the College Reading Association (30th, Knoxville, TN, October 22-26, 1986).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Elementary Secondary Education; *Reading Achievement; Reading Centers; *Reading Diagnosis; Reading Programs; Reading Research; Reading Skills; *Reading Tests; Reports; *Student Evaluation; Test Interpretation; *Test Results

ABSTRACT

Focusing on the important role that reading diagnostic reports (RDRs) play in the diagnostic/prescriptive process, a study evaluated RDRs at 26 reading centers to gain insights into the commonalities of RDRs at American institutions and to identify new trends in communicating perceived strengths and weaknesses in reading to parents and educators. Findings indicated that most RDRs (1) required the following background information: personal data, clinician's name, educational history, reason for referral, student interests and attitudes, and a listing of tests administered; (2) included assessment data pertaining to such areas as comprehension, reading attitude/interest, and reading vocabulary; (3) provided some type of interpretation of the assessment; (4) provided suggestions to parents such as activities for encouraging reading at home; and (5) proposed a variety of intervention strategies for teachers. The most noticeable trend identified in RDRs was the movement toward simplicity: the tendency is for reports to be shorter, less complex, and written in language that most parents and educators can understand. Results also revealed a movement toward informal assessment procedures that concentrate more on process information than product and that include the assessment of affective dimensions. Results suggested that reading tests constitute useful tools for validating the progress and reliability of developmental and remedial holistic reading programs. (JD)

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Reading Diagnostic Reports:

A Research Summary

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Clinical reading practice is in flux and reflects the present shift in philosophy in literacy education and research. Traditional ideas about assessment, diagnostic reporting, and remedial intervention are receiving a great deal of scrutiny. The question at this point is not whether the field of reading diagnosis and remediation will continue as it has for the past several decades, but rather, what adjustments must be made in order to keep pace with the technology. Investigations into current trends and practice appear to be urgently needed in order to reassert the efficacy of reading diagnosis and remediation. Of particular interest in this study was the role of reading diagnostic reports.

Reading diagnostic reports (RDR) play an especially important role in the diagnostic/prescriptive process in several crucial ways. First, they serve as a valuable communication link between the examiner and remedial teachers, classroom teachers, parents, and school administrators concerning pupil performance in reading. Second, the RDR provides guidance to teachers in the classroom in selecting appropriate teaching strategies for the child. Third, parents and educational authorities may use these reports as part of the decision making process regarding placement, retention, or withdrawal in special reading programs (Farr and Carey, 1986).

RDRs of the past were often characterized by pedantic language, redundancy, and great length. They seemed to reflect the drift of reading research toward "essentialism" or the fracturing of the reading act into tiny pieces, quantitative/empirical designs, and a shunning of informal assessment strategies. The result was a long,

technical, and possibly invalid depiction of the child's strengths and weaknesses in reading. Frequently these RDRs were of little practical use to either teachers or parents.

Recent discussions with teachers, administrators and reading professors with the authors seemed to indicate that RDRs are now breaking out of the traditional mold in favor of more enlightened and utilitarian reporting. In an effort to discover current trends and practice in the writing of reading diagnostic reports, a national study of some twenty-six institutions listed with the Clinical Division of the College Reading Association (CRA) was initiated. Conducted during the fall of 1986, the investigation focused primarily on reports generated from reading centers at colleges and universities. The participants represented north/northeastern (12), south/southeastern (7), and west/midwestern (7) regions of the United States. The purposes of the study were to gain insights into the commonalities of diagnostic reports at American institutions, and to identify new trends in communicating perceived strengths and weaknesses in reading to parents and educators. After carefully analyzing each report a number of commonalities emerged. The remainder of this article presents a summary of these common features.

Background Information

All institutions participating in our study include some student background information in their reports. The most common elements in this category were personal data (name, age, sex, school, parents, date of reports, etc.), clinician's name, educational history, reason for referral, student interests and attitudes, and a listing of tests administered. Other popular items for inclusion were testing

behavior, family history and relationships, and the health and developmental history of the child (see Table 1).

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Insert Table 1 about here

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Assessment Data

Most reading centers follow the background information with a reporting of the assessment data gathered during the diagnostic session(s). Performance on reading tasks tends to be reported separately from other data (e.g., other academic areas, physical abilities, intellectual aptitude).

Reading performance sections report data related to both major skill strands and sub-skill areas. Approximately half of the institutions include test and other assessment information pertaining to word attack/phonics, comprehension, and reading attitude/interest. Better than one-third of the reading centers report data concerning oral reading, sight word vocabulary, and reading vocabulary. A number of other institutions report information reflecting ability with listening comprehension, silent reading, and verbal ability (see Table 2).

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Insert Table 2 about here

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Some institutions list rather unique features related to reading performance not included on reports from other institutions. These features are study skills, ability to draw inferences, preferred

learning modalities, grammatic comprehension, and a listing of reading levels (expectancy and performance).

Related academic performance commonly reported in order of prevalence are the areas of mathematics, spelling, receptive and expressive language, handwriting, concept knowledge, and speed of copying.

Many of the institutions report information regarding physical ability, environmental and personality factors. The most frequent types of physical factors reported were auditory discrimination/acuity, and visual discrimination/acuity. It was interesting to note that one or two institutions report information relative to medication, serious illness/accidents, physical "defects", dominance, speech articulation, and visual motor integration. Likewise, a small number of reading centers discuss such environmental and personality factors as emotional adjustment, school attitude, home attitude, and interests (see Table 3).

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Insert Table 3 about here

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Interpretations

It appears that most of the institutions studied provide some type of interpretation of the assessment or summary of strengths and weaknesses. Naturally these interpretations directly correlate with the types of measurements mentioned above.

Many of the clinicians provide a rationale for the selection of each test or assessment procedure. Presumably this helps parents and

teachers alike to understand the purpose behind each element of the battery.

A small number of institutions go into some depth regarding intellectual capacity. This generally includes a discussion of the results from the intelligence test(s) along with a description of areas (sub-tests) measured. These results are sometimes used to compute reading expectancy levels.

The reports frequently turn to a discussion of strengths and weaknesses pertaining to general academics, and reading in particular. Some of the more general academic aspects reported include mathematics, spelling, written/oral expression, organizational skills, and attitude. Areas reported that pertain most directly to reading are word recognition, comprehension, inferential/critical thinking skills, oral reading fluency, and vocabulary (see Table 4). These summaries of strengths and weaknesses frequently set the stage for clinician to make recommendations for teachers and parents.

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Insert Table 4 about here

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Recommendations for Parents and Educators

The final sections of reading diagnostic reports at the 26 institutions surveyed may generally be divided into recommendations for parents, and for educators. Nearly half of the institutions make suggestions for parents which describe such environmental aspects as suggestions for activities at home that promote reading (see handout), providing appropriate reading materials and opportunities, peer

Handout not included in copy received by ERIC.

relations, medical concerns (i.e., vision, hearing, speech) requiring attention, and positive modeling behaviors.

Suggestions for educators tend to be more in-depth and describe a variety of intervention strategies. While it was not possible at this stage of the analysis to record the remedial approaches suggested, we were able to deduce categories of recommendations for educators. For instance, 15 of 26 institutions suggest instructional experiences taylored to the weaknesses noted in the previous section. These are generally instructional approaches that may be carried out by classroom teachers (15 of 26), but some institutions make specific recommendations for tutors in one on one settings. Most of the time these activities are described in some detail, but only a small number of reading centers explain the purpose behind these activities. Only three reports actually listed materials that could be used to accomplish the instructional objectives, a very disappointing discovery. In general, an effort was made by each institution to link the summary of strengths and weaknesses to concrete suggestions for parents and educators for improved reading performance in the child (see Table 5).

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Insert Table 5 about here

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Trends and Conclusions

The most noticeable trend in reading diagnostic reports is a movement toward simplicity. Reports are becoming shorter, less complex, and written in language that most parents and educators can

understand. For example, not many years ago the average diagnostic report would probably range from twenty to forty pages in length. The average of all reports in this study was about twelve pages ($\bar{X}$ = 11.88) ranging from a low of two pages to a high of twenty-seven pages.

Perhaps more important is the simplification of language in the reports. There seems to be a genuine desire at these institutions to prepare diagnostic reports that are logical and convey in simplest terms the results of the evaluation.

Pedantic terminology and mysterious labels with Latin and Greek sounding roots are disappearing from our reports. In other words, our reports are becoming much more "user friendly".

There seems to be movement toward more informal assessment procedures. These methods concentrate much more on process information rather than product (see Farr, 1986). It would appear that conscious efforts are being made to hold formal testing to a minimum. Likewise, assessment of affective dimensions are on the upswing.

A final note relates to assessment within the more global context of current reading philosophy. These reports seem to indicate that reading tests and measurements are not instruments of a bygone age that sought to fragment the reading process, but rather a cogent element useful in the holistic spirit of our times. That is, reading assessments that utilize both criterion and norm-referenced data are useful tools for validating the progress and reliability of holistic programs of a developmental and remedial nature. They offer the credibility and accountability demanded by the educational

establishment. It is our opinion that many of the diagnostic reports studied are exemplary in this respect and are a key ingredient to the success of demonstrating success in innovative programs.

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References

Farr, R., & Carey, R. F. (1986). Reading: What can be measured? (2nd ed.). Newark, DE: International Reading Association.

Table 1

Background Information

Categories	Percent of Institutions
Personal data	96
Clinician's name	58
Reason for referral	58
Educational history	54
Student interests/attitudes	50
Tests administered	38
Testing behavior	31
Family history/relationships	27
Health/developmental history	23

Table 2

Assessment Data

Categories - Reading	Percent of Institutions
Comprehension	54
Oral reading	50
Reading vocabulary	50
Word attack/phonics	46
Reading levels	46
Sight words	35
Reading attitude/interest	31
Silent reading	27
Verbal ability	23
Context clues	19
Listening comprehension	19

Table 3

Assessment Data

Categories - Physical/academic	Percent of Institutions
Auditory discrimination	73
Visual discrimination	69
Receptive language/expression	19
Mathematics	15
Spelling	15
Handwriting	8

Table 4

Interpretations

Categories	Percent of Institutions
Interpretation of results/tests	54
Attitude	38
Rationale for each test	38
Word recognition	31
Comprehension	27
Oral reading	31
Vocabulary	23
Physical abilities	23
Written/oral expression	23

Table 5

Recommendations for Parents and Educators

Category	Percent of Institutions
Teacher recommendations/activities	58
Parents/activities	58
Purposes for activities	27
Tutor suggestions	27
Materials suggested	12